PART B - FEE(S) TRANSMITTAL



0 7 2004

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Joanne Ryan	(Depositor's name)
	(Signature)
April 5, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/418,221	10/14/1999	NAGESH K. MAHANTHAPPA	XXXXXXX XX	8622
			CIBT-P02-043	

TITLE OF INVENTION: NEUROPROTECTIVE METHODS AND REAGENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	1	\$0	\$1330	05/25/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS		
BRANNOCI	K, MICHAEL T	1646		514-002000	_	
CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		agents Of firm (hav agent) an	f up to 3 registered patent and R, alternatively, (2) the name ving as a member a registered and the names of up to 2 regist or agents. If no name is listerinted.	of a single attorney or 2	& GRAY LLP	
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